

PROTOCOL CODE: GIAVPG

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DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form		
DATE:	To be given:	Cycle #:
Date of Previous Cycle: _____		
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, platelets day of treatment		
May proceed with doses as written if within 24 hours ANC greater than or equal to $1.0 \times 10^9/L$, platelets greater than or equal to $100 \times 10^9/L$, creatinine clearance greater than or equal to 60 mL/min (if using CISplatin)		
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____		
Proceed with treatment based on blood work from _____		
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.		
<input type="checkbox"/> For CISplatin: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment on Day 1 and 8 ondansetron 8 mg PO 30 to 60 minutes prior to treatment on Day 1 and 8		
<input type="checkbox"/> CARBOplatin: dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to CARBOplatin		
AND select ONE of the following:	<input type="checkbox"/> ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin	
	<input type="checkbox"/> aprepitant 125 mg PO 30 to 60 minutes prior to CARBOplatin, and ondansetron 8 mg PO 30 to 60 minutes prior to CARBOplatin	
	<input type="checkbox"/> netupitant-palonosetron 300 mg-0.5 mg PO 30 to 60 minutes prior to CARBOplatin	
If additional antiemetic required: <input type="checkbox"/> OLANzapine <input type="checkbox"/> 2.5 mg or <input type="checkbox"/> 5 mg or <input type="checkbox"/> 10 mg (select one) PO 30 to 60 minutes prior to treatment <input type="checkbox"/> Other: _____		
Have Hypersensitivity Reaction Tray and Protocol Available		
TREATMENT: gemcitabine 1000 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 1 and Day 8		
CISplatin 25 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 to 250 mL NS IV over 30 minutes on Day 1 and Day 8		
OR CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1		
*** SEE PAGE 2 FOR DAY 8 DOSE MODIFICATION IF REQUIRED***		
DOCTOR'S SIGNATURE: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		SIGNATURE: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
		UC: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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DATE:	
DOSE MODIFICATION REQUIRED ON DAY 8: gemcitabine 1000 mg/m²/day x BSA = _____ mg <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 250 mL NS over 30 minutes on Day 8 CISplatin 25 mg/m²/day x BSA = _____ mg (not applicable if CARBOplatin Day 1) <input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg IV in 100 to 250 mL NS IV over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book treatment Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, platelets, creatinine, total bilirubin, ALT prior to Day 1 CBC & Diff, platelets, creatinine prior to Day 8 If clinically indicated: <input type="checkbox"/> CA19-9 <input type="checkbox"/> CEA <input type="checkbox"/> ECG <input type="checkbox"/> INR prior to next cycle <input type="checkbox"/> INR weekly <input type="checkbox"/> alkaline phosphatase <input type="checkbox"/> albumin <input type="checkbox"/> GGT <input type="checkbox"/> sodium <input type="checkbox"/> potassium <input type="checkbox"/> random glucose <input type="checkbox"/> HbA1c <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: